MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04478

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Love Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 64 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne's
City or town: Love Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) ✓
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: William N. Abbott

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Hattie Abbott
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Don't know 1875

8. AGE: Years: 64 | Months: ✓ | Days: ✓ | If less than one day: hrs. min.

9. Birthplace: Love Mills - Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Do not know
13. Birthplace

MOTHER
14. Maiden name: Do not "
15. Birthplace

16. Informant: Mrs Lena Miller
Address: Love Mills - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1st 40 (month) (day) (year)
Cemetery or crematory: Love Church yard
Location: Love Mills Md
18. Funeral director: Barton Bros
Address: Centreville. Md.

19. Apr. 30 1940 (Date rec'd by registrar) Thomas S. Bright. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1940, to Apr. 29 1940, and that I last saw him alive on April 29 1940

Immediate cause of death	DURATION
Chronic Myocarditis	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md. Date signed Apr 30-40

RECEIVED
MAY 4 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04479

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Q. A.
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME John Peter Aker.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: 68 years
7. Birth date of deceased (mo., day, yr.): March - 15 - 1872

8. AGE: Years: 68 | Months: 1 | Days: 9 | If less than one day: hrs. min.

9. Birthplace: Wye Mills Talbot Co, Md
(Town, county, and state)
10. Usual occupation: Cobbler
11. Industry or business:
FATHER 12. Name: John M. Aker
13. Birthplace: Germany.
MOTHER 14. Maiden name: Lizzie Tarr
15. Birthplace: Maryland.
16. Informant: M. W. Aker
Address: Queenstown.
17. (Burial, cremation, or removal. Which?) Burial Date thereof: Apr. 26-40 (month) (day) (year)
Cemetery or crematory: St. Peter's Church
Location: Queenstown, Md
18. Funeral director: Baxter Bros
Address: Centreville, Md.
19. Apr. 26 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1940 at 8:00 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1 1930 to April 24 1940
and that I last saw him alive on April 24 1940

Immediate cause of death	DURATION
Mitral Heart Disease	10 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Samuel Price MD
M. D. or other
Address: Queenstown Date signed: 4-27-40

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04480

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Queen Anne's

County

City or town Perry's Corner, Grasonville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 49 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Perry Corner Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hattie Eleanora Andrews

3. (b) Social Security Number ✓ None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Walter Lem. Andrews

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19. 1891

8. AGE: Years	Months	Days	If less than one day
49	-	16	hrs. min.

9. Birthplace Grasonville Md.

(Town, county, and state)

10. Usual occupation housework

11. Industry or business

FATHER 12. Name James Collier

13. Birthplace Grasonville

MOTHER 14. Maiden name Annie E. Collier

15. Birthplace Grasonville

16. Informant husband Walter L. Andrews

Address Perry's Corner Grasonville

17. Burial (Burial, cremation, or removal? Which?) Date thereof Apr 5-1940 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville Md

18. Funeral director Burton Bros

Address Centreville Md

19. April 5 1940 - Helen M. Aldridge

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 3 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1939, to April 3 1940, and that I last saw h[illegible] alive on April 3 1940.

Immediate cause of death	DURATION
fibro-sarkoma	about
Due to left leg (thigh) tumor	1 1/2 Years
Due to metastases in abdominal cavity	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Dec. 1939. Biopsy

Of operations of left upper leg.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmaier M. D. or other

Address Stevensville Date signed 4/4/40.

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04481

92-L

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 252

Village or City Ruthsburg I.A.C. No. Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Bartlett If U.S. Veteran specify WAR .....

(a) Residence: No. I.A.C. Home St., Ward. S. S. no — None

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col

5. ~~SINGLE, MARRIED~~, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 50 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Wm B. Dunsley Centreville, Md

18. BURIAL, CREMATION, OR REMOVAL Place I.A.C. Home Date 4-27, 1940

19. UNDERTAKER (Address) Wm B. Dunsley Centreville

20. FILED Apr. 27, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 25 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1940, to Apr 25, 1940

I last saw him alive on 4-23, 1940; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of the heart	

Other Contributory Causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. F. McPherson M. D.

(Address) Centreville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83 a)

04482

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne

City or town Grasonville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Grasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Butler

3. (b) Social Security Number none

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife P. C. Butler

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov. 25 - 1874

8. AGE: Years 65 Months 4 Days 10 If less than one day hrs. min.

8. Birthplace Queen Anne Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Perry Bouldin
13. Birthplace Queen Anne Co, Md.

MOTHER
14. Maiden name Mahala Wallace
15. Birthplace Queen Anne Co., Md.

16. Informant Gertrude Cooper
Address Grasonville, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Apr. 17-1940
(month) (day) (year)

Cemetery or crematory Grasonville, Md.

Location Grasonville, Md.

18. Funeral director Annie W. Eddins
Address Centreville, Md

19. Apr. 18 1940 - Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15 19 , at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1939, to Apr 15 1940, and that I last saw her alive on Apr 13 1940.

Immediate cause of death Hemoplegia

Due to Hypertension

Primary cause: Cerebral hemorrhage

Due to Duration: two years

C.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr Chas E Snyder
M. D. or other

Address Stevensville Md Date signed 4/16/40

RECEIVED
MAY 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04483

1. PLACE OF DEATH

County Queen Anne (175d) Registration Dist. No. 253

Village or City Near Uniontown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Bernice Anne Carroll If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 22, 1938

7. AGE Years 1 Months 10 Days 6 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Near Millington Md. (State or country) Queen Anne Co Md.

FATHER

13. NAME Samuel E Carroll

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md.

MOTHER

15. MAIDEN NAME Liliam M. Darrell

16. BIRTHPLACE (city or town) Smyrna (State or country) Del.

17. INFORMANT Saml E Carroll. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Crumpton Century Date April 29, 1940

19. UNDERTAKER Wm. H. Good (Address) Church Hill

20. FILED April 29, 1940 F. M. Stark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3:30 PM Apr 28, 1940, to 7:15 PM same day 1940

I last saw her alive on Apr 28, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Probably a foreign body in the trachea. Seemed to be Diphtheria. I never saw this child until 3:30 P.M. Apr 28, 1940. Cultures are being examined for dipth.

Date of onset: family say Apr 25, 1940

Other Contributory Causes of importance: not a case of diphtheria. Nose, throat and laryngeal cultures all negative for diphtheria. C.W.R.

Name of operation X-ray examination refused. Date of

What last confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19___

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. B. Simmons M. D.

(Address) Chestertown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

04484

1. PLACE OF DEATH 97

County Queen Anne Registration Dist. No. 252

Village or City Nr. Centreville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary W Gross

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Cal

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Gross

6. DATE OF BIRTH (month, day, and year) — 1866

7. AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Stansbury

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mary A. Gross. Centreville R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Brownsville Date Apr. 5, 1940

19. UNDERTAKER (Address) Annie Y. Eddins Centreville, Md

20. FILED Apr. 3, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1940, to April 2, 1940

I last saw her alive on March 31, 1940, death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Senile Gangrene	3/20

Other Contributory Causes of Importance:

Arterio sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel J. Price M. D.

(Address) Queenstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 22-a

CERTIFICATE OF DEATH

04485

Reg. Dist. No. 255

1. PLACE OF DEATH:

County: Queen Anne

City or town: near McGinnis Corner

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 11 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: near McGinnis Corner Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harriett Alitche Hargest

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm. H. H. Hargest

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 15 1865

8. AGE: Years 75 | Months 1 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Philadelphia, Pa. (Town, county and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Ruben Hill

13. Birthplace: England

MOTHER

14. Maiden name: unknown

15. Birthplace: Ireland

16. Informant: Wm. H. H. Hargest

Address: McGinnis' Corner

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 11 1940 (month) (day) (year)

Cemetery or crematory: Crumpton Cem.

Location: Crumpton, Md.

18. Funeral director: Wm. H. Good

Address: Church Hill, Md.

19. April 10 1940 (Date rec'd by registrar) F. W. Stuck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8th 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940 to April 8 1940 and that I last saw her alive on April 7 1940.

Immediate cause of death: Hemiplegia

Due to: Arteriosclerosis

Due to: Cerebral Hemorrage

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. W. Stuck M. D. or other

Address: Crumpton Md Date signed: April 10 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

04486

Reg. Diat. No. 255

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (M)

1. PLACE OF DEATH:
County: Queen Anne
City or town: near Crumpton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: near Crumpton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Arie Matilda Raisin

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Fem.	Colored	widowed

6 (b) Name of husband or wife: William W. Raisin
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): about 1846

8. AGE: Years: 94 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Kent County
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Alexander Sanders
13. Birthplace: Kent County

MOTHER
14. Maiden name: Arie Sanders
15. Birthplace: Maryland

16. Informant: Beatrice Minz
Address: near Crumpton

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 25 1940 (month) (day) (year)
Cemetery or crematory: Pondtown Cem.
Location: Pondtown
18. Funeral director: Wm. H. Good
Address: Church Hill Md.

19. April 22 1940 (Date rec'd by registrar) F. K. Slack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1940, at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1940 to April 21 1940, and that I last saw her alive on April 20 1940.

	DURATION
Immediate cause of death: Paralysis	
Due to: Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Other conditions: Infirmities of Age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: F. K. Slack M. D. or other
Address: Crumpton Md. Date signed: April 25 1940

RECEIVED
MAY 6 1940
BUREAU V. S.

04487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

117a

Reg. Dist. No. 250

1. PLACE OF DEATH:

County ~~Sudlersville~~ Queen Anne's

City or town Sudlersville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State — County —

City or town — Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Ira Martin Redden

3. (b) Social Security Number: NONE

4. Sex: Male

5. Color or race: white

6. (a) ~~Single, married, widowed, or divorced~~: married

B (b) Name of husband or wife: Mrs. Sara Redden

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.): July 20 1863

8. AGE: Years 76 | Months 9 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Retired Railroad agent 10 yrs

11. Industry or business: Penna. R.R.

FATHER

12. Name: Wm. Redden

13. Birthplace: Delaware

MOTHER

14. Maiden name: Eliza Atkinson

15. Birthplace: Delaware

18. Informant: Mrs Sara Redden

Address: Sudlersville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 26 1940 (month) (day) (year)

Cemetery or crematory: Sudlersville

Location: Sudlersville, Md.

18. Funeral director: Ralph H. Hasilton Inc

Address: Chestertown, Md J.W.W.

19. 4/25 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1940, at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1934, to Apr 23 1940, and that I last saw him alive on Apr 23 1940.

Immediate cause of death: Hemorrhage from pyloric end of stomach

Due to

Due to

Other conditions: Ulcer of stomach

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION: 4 days; 6 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: C. H. Metcalfe M. D. or other

Address: Sudlersville, Md Date signed 4/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04488

Reg. Dist. No. 250

1. PLACE OF DEATH:

County Queen Anne

City or town Barclay R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Barclay R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice M. Seward.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	married

6 (b) Name of husband or wife William B Seward

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 29 1868

8. AGE: Years 58 | Months 10 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Barclay Queen Anne Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Wells.

13. Birthplace Md.

MOTHER 14. Maiden name Louisa Bowles.

15. Birthplace Md.

16. Informant William B. Seward

Address Barclay R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 12. 1940 (month) (day) (year)

Cemetery or crematory Burial

Location Near Henderson Md.

18. Funeral director Raymond B. Rawlings

Address Henderson Md

19. Apr. 11 1940 Elizabeth Nickerson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9. 1940, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 1939 to Apr. 9 1940

and that I last saw her alive on April 7 1940

Immediate cause of death Metastatic Carcinoma of Breast

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H. Stonesifer M.D.

Address Queenstown Md. Date signed Apr. 10 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 8 1945
U. S.